EXHIBIT 12

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an individual, Plaintiff, vs. CHEVRON USA, INC., a California Corporation, and DOES 1 through 10, inclusive, Defendants.	Case No. 2:23-cv-6302-HDV-AJR

REPORTER'S TRANSCRIPT

VIDEOTAPED DEPOSITION OF

SCOTT LEVY, M.D.

Friday, August 30, 2024

Via Zoom Video Conferencing

9:31 a.m.

Reported by: Rachel N. Barkume, CSR, RMR, CRR
Certificate No. 13657

A P P E A R A N C E S

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THE VIDEOGRAPHER:

Jacob Rivera

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Q. Anyone other than your attorney?
A. I have not.
Q. Okay. Have you ever been convicted of a crime?
A. I have not.
MR. MUSSIG: Okay.
THE WITNESS: Oh, sorry.
MR. MUSSIG: I would object on privacy grounds, but you've already answered, so...
BY MS. FLECHSIG:
Q. Okay. And what's your date of birth, Dr. Levy?
A. April 8, 1973.
Q. Okay. So you're currently an employee of Chevron; correct?
A. I am.
Q. Do you know what the name of the entity you work for is, like, specifically, like, the corporate entity, to clarify?
A. I work for -- it changes all the time, which makes things a little complicated, but I work for Chevron USA.
Q. Okay. Do you know when that last changed?
A. No, it's not clear. And I can explain. I've had several assignments with the company throughout my 12 years here, and so I've worked under different businesses, so it's -- but I think I've -- I think

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technically I may have always been on the Chevron USA. I'm just not completely aware. I've never changed payrolls or anything like that, though.

Q. Okay. Is your understanding that your paychecks are paid by Chevron USA or Chevron USA Inc.?

A. It is my understanding that that's what happens, yes.

Q. Okay. I think you just said you worked for Chevron for 12 years, so you would have started in or about 2012?

A. Correct.

Q. Okay. I want to go through just your whole, sort of, work history with Chevron.

What -- what was your role when you started in 2012?

A. I started as -- my title was the occupational health manager for North America.

Q. What -- just, sort of, briefly, what kind of job were you doing in that capacity?

A. Sure. So my -- my agreement was our businesses across -- like, across North America -- my job was to -- I was an internal consultant to our businesses.

So if our businesses needed to set up medical operations, I would be the one to help with that and advise. I would also help run their occupational health

EXHIBIT 12-4

program across North America and then involved with different health and wellness events as they arose.

(Reporter clarification.)

BY MS. FLECHSIG:

Q. How long were you in that occupational health role?

A. It was about two years or so.

Q. What was your next role?

A. I was moved to Singapore, and I was assigned the role of regional medical manager for the Asia Pacific region.

Q. What did you do in that capacity?

A. Similar responsibilities just -- I guess, more of a -- of a senior position. So I managed, again, more complicated businesses and had more reports.

Q. How long were you in that role?

A. Three years approximately.

Q. Okay. And after that -- excuse me, the role in Singapore, what was your next role at Chevron?

A. I took a lateral position to regional medical manager of our EEMEA, E-E-M-E-A, region, which is Europe, Eurasia, Mid East, and Africa, based out of London.

Q. Okay. So what was the date range on that -- on that role? I want to -- like, in time.

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A. It ended on May 31st of this year. So I moved to my current role May 31 -- on June 1st. So it was May 31st and then I would subtract seven years. 2017 roughly, '18.

Q. Started 2018, and then you were in that role until May 31st, 2024?

A. Correct.

Q. Okay. Were you located in London that whole time?

A. I was.

Q. Okay. And what's your current role?

A. I now have the role of regional medical manager for the Americas based out of Houston.

Q. Do you know what entity -- what Chevron corporate entity was your employer during the time you were the regional medical director for the EEMEA role?

A. Yeah, so I was working out of the -- it was Chevron Products UK. And, again, that was the title that we used in my signature. I can't tell you the technical bits, though, about payroll and whether I was paid through Chevron USA or not, but my paychecks remain the same -- through the same -- for my 12 years that I was a Chevron employee.

Q. You mean the entity that's paying your paycheck is the same?

EXHIBIT 12-6

A. I kept the same benefits. I kept the same -- nothing's really changed. I stayed on the same payroll. Obviously the amounts changed, but -- over time, but no, it's the same payroll. That's more of an HR question. I don't have the -- the info, I guess. I don't know the answer.

Q. And prior to starting work with Chevron, where were you employed?

A. I worked for the Permanente Medical Group. It's a large physician group in Northern California.

Q. Is that -- I'm sorry, you said Permanente?

A. The Permanente -- "permanent" with an E. Permanente Medical Group.

Q. Okay.

A. TPMG.

Q. Okay. So did you practice medicine, then, between the time -- like, up until the time you joined Chevron?

A. I did.

Q. Okay. And when did you graduate from medical school?

A. '99.

Q. And then you completed residency?

A. I completed two residencies, yes.

Q. Okay. What were your residencies?

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Q. Okay. Do you -- did you get any specialized training in cardiology?

A. I have not.

Q. Do you have any Board certifications?

A. I'm Board-certified in internal medicine and occupational environmental medicine as well.

Q. Okay. So I want to ask about your job duties while you were the regional medical director of the EMEA region -- am I getting the acronym correct?

A. You are, yes.

Q. EMEA. Okay.

While you were the regional director of the EMEA region, what were your job duties?

A. Yeah, it's EEMEA. But that's okay.

Q. EEMEA.

A. Yeah. That's okay.

Q. Thank you.

A. My job duties -- so again, internal consultant to our businesses, we've had -- again, a lot of our -- we have new business, we have old business, we have small projects, big projects. So I would say that for the large projects, they had embedded medical teams. So my job was usually to interact with the teams, make sure that they got what they needed. I would help them -- I would help train or mentor. I would review processes

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and try to align some of the work coming from our corporate function down to the embedded businesses.

I would also serve as -- I would manage emergencies. So when I say "emergencies," the -- if there wasn't anyone present, we didn't have a medical operation on the ground in a certain country, I would help facilitate care for our people to get them where they needed to be.

So lots of medical evacuations and things like this. A lot of cross-border transfers. So let's just say -- we're talking about a case from Nigeria today. So if I was -- so if we were evacuating someone from Nigeria, I would help facilitate care from Nigeria out to another country, manage the issue -- or help case manage the issue while in that second country, and then see the process to the end when we get the person back home safe and sound.

And so those would be some of the things we do. I -- we would help put together health-and-wellness-related programs and things like that to keep employees safe, to keep -- to keep the workforce healthy, and then we would also review and evaluate our fitness-for-duty programs to make sure that they were functioning as intended.

Q. Okay. So in terms of managing the

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fitness-for-duty programs, do you get to create the policies and protocols for how the evaluations are carried out?

A. Influence. I influence it, yes.

Q. Okay. What do you mean you "influence it"?

A. So we have policies related to fitness for duty, and I'm jumping -- maybe jumping ahead because this is an expat-related case, and so -- so in this situation, we -- there's a policy for expat medical clearances.

And as time goes and things need to be updated, I may pass on my thoughts and ideas to the -- to the team that manages the policies.

Q. Okay. What team manages the policies?

A. So at the time, the team was called the Center of Excellence.

Q. Okay. And that's a -- Chevron corporate or --

A. Sorry. Yes. I'm sorry for speaking over you.

Yes, that is -- it's a function under our health and medical department.

Q. So what kind of -- I guess what kind of consulting role do you have on creating the policies and practices for that, then?

A. So --

MR. MUSSIG: Vague as to time.

EXHIBIT 12-10

BY MS. FLECHSIG:

Q. Yeah. I can clarify.

I do mean, you know, while you were the regional EEMEA director.

A. Sure. So the countries change over time. Sometimes the countries get safer, sometimes they get less safe, sometimes they have issues. And so mostly it was taking a look at frequency of the evaluations, taking a look at the new risks that may be in a location that weren't there before.

Again, things could be -- infectious diseases that are in a place, cholera, malaria, ebola at times -- so making sure that when we send people from one location to another that the -- that, A, they're safe to be there; and, B, they're -- we can keep them safe from whatever outside hazards they would -- they may -- they may face, and they're well-informed of their risks.

Q. Okay. So -- so in other words, you have a role in evaluating the real-time risks based on location.

A. Correct.

Q. Okay. And you then give recommendations for policy setting for the fitness-for-duty program to the --

A. Correct.

(Reporter clarification.)

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MS. FLECHSIG: Center for Excellence.

THE WITNESS: Center of Excellence.

MS. FLECHSIG: Center of Excellence. Excuse me. Okay.

BY MS. FLECHSIG:

Q. In terms of -- you also mentioned one of your duties is to manage emergency medical evacuations --

A. Correct.

Q. -- and oversee care, you know, when someone has been evacuated.

A. Correct.

Q. What -- I guess, what do you -- strike that.

Do you also get to create policies and protocols for medical evacuations?

A. Correct.

Q. Okay. And -- okay.

And you also would, you know, carry them out in real time when something happens.

A. Yes.

Q. Okay. And at the time you were the regional director for the EEMEA region, you would have been personally responsible for overseeing any medical evacuations from within your region?

A. I would be responsible for -- it's a difficult question to answer, and I'll explain why. We had

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approximately 300 medical evacuations a year in our region. Generally, the evacuations that would reach my level would be extremely complicated, not simple, and so I would not be involved in -- in every single evacuation.

I would be involved with anything that was very complex, that required international borders, critical patients, and -- or -- or maybe Q and A on an evacuation that had some issues done by our embedded medical teams.

(Reporter clarification.)

THE REPORTER: Just keep your voice up at the end. It kind of trails off on me.

THE WITNESS: Oh, sorry. Sorry.

THE REPORTER: Thank you.

BY MS. FLECHSIG:

Q. The embedded medical teams, just to clarify, those are the local medical teams on the ground.

A. Correct. And -- and in -- my medical teams for EEMEA, all of those medical teams reported to the businesses. They didn't report to me directly.

Q. Did you -- did you oversee the people who were handling less complicated medical evacuation?

A. When they were --

MR. MUSSIG: Vague as to "oversee." Go ahead. You can answer.

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what I think the -- the risk may be or not be.

Q. So how did you -- how did you first become involved with Mr. Snookal's challenge to the host team deeming him unfit for duty?

A. I was asked as a second opinion to review the case.

Q. To provide a medical opinion on whether it was safe for him?

A. I was -- so I don't recall exactly, but I know Mr. Snookal asked for a second opinion and -- that, I know for a fact. And then this was sent to me for a review.

Q. Who sent it to you for review?

A. I don't remember. Again, it was years ago. I know Mark and I did speak, so I'm not sure if he approached me first or if someone sent it to me, but I do know that Mark and I chatted about his situation.

Q. Okay. So when you were asked to give a second opinion, were you allowed to override the decision that the host team had made?

A. I was not allowed to override, but I would say that the -- even the -- as I'm thinking of the word "second opinion," that might be incorrect as well. I would say that -- I was here to help with an appeal. So I would look at a case and see if there was anything

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that was missed or some other information that might be pertinent to the case and then have that discussion, doctor to doctor, with our host medical team so they're aware of potentially mitigating factors.

So it wasn't necessarily a second -- a second opinion. It just -- maybe another opinion or -- maybe that's not necessarily different. But just assist with an appeal. But -- but the absolute -- the final decision was with the host location.

Q. Okay. At the time that you were the regional medical director for the EEMEA region, do you recall anyone else who complained about the host decision not to allow the transfer to take place?

A. No.

Q. Okay. So Mark Snookal was the only time -- Mark Snookal's complaint about the decision was the only time you became involved in that way --

A. Correct.

Q. -- to give a second opinion?

A. Correct.

Q. Okay. In terms of the organizational chart, are you considered the supervisor of the host medical teams?

A. I am not.

Q. Okay. Who would be supervising those folks?

EXHIBIT 12-15

MR. MUSSIG: Calls for speculation. Lacks foundation.

THE WITNESS: In this specific business, H -- the medical team reported to HR.

BY MS. FLECHSIG:

Q. Okay. So you said "this specific business."

Are you referring to the Escravos, Nigeria, location -- host location? Okay.

A. I'm -- I'm referring to the medical team that made the decision in Nigeria.

Q. Okay. Who made the decision in Mr. Snookal's instance; right?

A. Yeah, it was Dr. Asekomeh -- don't ask me to spell that at this moment, but -- you may have it already.

Q. Is it Dr. -- and I may well be butchering this as well -- Dr. Asekomeh?

A. That sounds correct.

Q. Okay. So --

MR. MUSSIG: That is, by the way, the correct pronunciation. It took me a while.

MS. FLECHSIG: Thank you. I came up with that myself. I -- okay. Great.

MR. MUSSIG: Oh, wait, no, it's Asekomeh.

MS. FLECHSIG: Asekomeh.

EXHIBIT 12-16

MR. MUSSIG: Asekomeh.

MS. FLECHSIG: Okay.

BY MS. FLECHSIG:

Q. So your understanding is Dr. Asekomeh reported to Chevron human resources.

A. No. He reported to the medical director for Nigeria. Sorry.

MR. MUSSIG: Calls for speculation. Lacks foundation.

BY MS. FLECHSIG:

Q. Sorry. Go ahead. You -- you said he reports to the medical director in Nigeria.

A. Correct.

Q. Okay. And then I think you said somebody reports to HR.

Who then reports up into Chevron's human resources?

A. The medical director.

MR. MUSSIG: Calls for speculation. Lacks foundation.

THE WITNESS: The medical director then reports to HR.

BY MS. FLECHSIG:

Q. Who was the medical director in Nigeria?

A. It was at this -- at the time of this case, it

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was Dr. Arenyeka, A-R-E-N-Y-E-K-A.

Q. Okay. And is that -- if you know, is the human resources department that Dr. Arenyeka reports to -- is that Chevron USA, or what -- do you know what the corporate entity is?

A. So --

MR. MUSSIG: Calls for speculation.

THE WITNESS: We call the business NMA, so it's the North African -- North -- it's -- NMA is the abbreviation. I'm -- North -- Nigeria Mid Africa business unit.

BY MS. FLECHSIG:

Q. Okay. Do you know what medical specialty Dr. Arenyeka has?

A. I don't recall.

Q. Okay. Okay. So when you became involved in giving a second opinion on Mr. Snookal's challenge to the host location's determination, what did you do to inform your second opinion?

MR. MUSSIG: Misstates the witness's testimony.

THE WITNESS: So I'm not sure I understand the question. Could you please repeat it?

BY MS. FLECHSIG:

Q. Yeah. So you said you were asked by somebody to give a second opinion on Mr. Snookal's fitness for

EXHIBIT 12-18

duty in -- for the expatriate assignment; right?

MR. MUSSIG: Misstates the witness's testimony.

THE WITNESS: Correct. Correct. Yeah. I -- again, I don't remember how -- how I was contacted initially, but I was obviously dragged into discussion or at least into the case one way or another, but -- so I had a conversation with Mr. Snookal as a first line to understand what was going on.

I received his impression of the situation, discussed the issues with him, discussed some of the details of his medical condition, and then asked permission to speak with his medical -- his treating medical provider.

BY MS. FLECHSIG:

Q. Okay. In terms of his treating medical provider, was that his treating cardiologist?

A. Correct.

Q. And did you -- did you speak with Dr. Khan, the cardiologist?

A. I spoke with Dr. Cardio- -- Dr. Khan via messaging. So I left a voicemail for him explaining who I was and what I was trying to do, and then he responded in an e-mail.

Q. Did you ever speak in real time over the phone

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or in person?

A. I don't recall. I -- I don't recall.

Q. Okay. You don't recall whether you did, or you don't recall speaking with him?

A. I don't recall speaking with him on the phone.

Q. Okay. And in your recollection, what did Dr. Khan say to you about his evaluation of Mr. Snookal's health?

A. The -- I'll get to the summary. So what he explained to me and -- was that he has this condition; he's been followed; and for the last three years, they haven't seen a significant or any increase in the size of his problem. And he gave me some risk -- what the -- what his risk of -- of a subsequent event was.

So I believe the message that I left for him was that I'm trying to understand the risk. The data that I pull up shows he's got about a 4 or 5 percent risk of a cardiac event per year -- you know, currently, and I just need to better understand to -- to be able to fine tune or decide if that number is -- has any validity at all.

And so he responded with he believes that the individual's risk of having a cardiac event -- or an event related to his condition was about 2 percent a year. He quoted some studies in mice, and he said that

EXHIBIT 12-20

those were positive, and potentially his -- his risk could be less than 2 percent a year.

Q. Okay. In terms of the -- you said that according to your data, there was a 4 to 5 percent risk of a cardiac event per year.

A. Yes.

Q. How did you get that figure?

MS. FLECHSIG: Sorry, Dr. Levy --

MR. MUSSIG: Is he frozen?

MS. FLECHSIG: I think it's just him. He froze.

MR. MUSSIG: Okay.

MS. FLECHSIG: Dr. Levy, are you there?

MR. MUSSIG: He's still frozen for me.

MS. FLECHSIG: Yeah. Me too.

THE VIDEOGRAPHER: Would you like to go off the record?

MR. MUSSIG: Yeah, maybe -- yeah, we've been going about an hour. Does it make sense to take a break now?

MS. FLECHSIG: I mean, I'd rather not, you know, break while we're -- have a question pending, but -- Dr. Levy, are you there? I see you turned your video off.

MR. LEAL: Does it make sense to ask him to log

EXHIBIT 12-21

THE WITNESS: Oh, no, we're good. We're good now. I can see this. And this is easier for me at the moment.

BY MS. FLECHSIG:

Q. Okay. So I'm going through -- it looks like it's an e-mail from Mr. Snookal to you on August 23rd, 2019; correct?

A. Correct.

Q. Okay. So I see the screenshot Mr. Snookal included in his e-mail to you, which has a chart of maximal aortic diameter and probability of aortic events in one year.

A. Uh-huh.

Q. When you were evaluating the risk of an adverse event for Mr. Snookal, did you consider the actual diameter of his aortic aneurysm?

A. Absolutely. That's -- the larger the diameter is, the higher the risk is. Very similar to this chart. The numbers we can debate, but, yeah, it's absolutely relevant.

Q. Okay. Did you also consider the changes or lack of changes in the diameter over time and whether that impacted Mr. Snookal's risk?

A. I have. Yes, I did.

Q. Okay. Did you evaluate whether Mr. Snookal's

EXHIBIT 12-22

management with medication impacted the risk of an adverse outcome due to the aortic aneurysm?

A. So the fact that he was on his medications and the aneurysm had not grown in those three years -- I took that as he was relatively stable.

Q. So, yes, you did consider it.

A. Correct. Correct. Yes. Considered it, yes.

Q. Okay. And this e-mail, it does say that Mr. Snookal attached a past research and he found a paper.

Did you look at --

A. I think --

Q. -- the attachment that he included?

A. No. So I believe that the attachment that he included is that photo right below.

Q. Okay. So your sense is that there was not any separate attachment to this e-mail.

A. Correct.

Q. Okay.

A. I actually believe there was a -- there was an attachment to the e-mail, but it was the article that I sent to him. So he just replied with attachments and then added this to the -- to the e-mail message.

Q. Okay. Let's see if we can track down the article. I'm going to screen share this with you as

EXHIBIT 12-23

A. Yes.
Q. -- about Mr. Snookal's risk?
A. I would have, yes, correct. I would have.
Q. Okay. Okay. Did you review any of Mr. Snookal's actual medical records in formulating your opinion?
A. I did not. I -- I reviewed the medical evaluations that he had for Chevron, and I reviewed his message -- or letter from his cardiologist. So the -- the key bit here is -- it's a risk tolerance issue.
So he has a medical issue with a risk, and we can debate the risk even on this call, but there's a certain risk and the -- the determination was based on the host location's willingness to accept that risk.
MR. MUSSIG: Do you -- he -- oh, it's me.
BY MS. FLECHSIG:
Q. Okay.
MR. MUSSIG: Can you guys hear me?
MS. FLECHSIG: Yes.
MR. MUSSIG: My computer froze for a second.
MS. FLECHSIG: Yeah.
BY MS. FLECHSIG:
Q. Okay. So ultimately, the host location gets to decide how much risk they're willing to tolerate at their site; correct?

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A. Correct. It's -- yeah, it is -- that's exactly right. And then the risk is a combination of things; right? It's the -- it's -- we need to know what the condition is so we know what the risk is that we're taking. If it's -- if the risk is high risk that someone's going to sprain their ankle, not so relevant; but if it's -- you know, if it's a -- if it's a risk that someone's going to potentially die or have a very bad outcome, then it becomes very significant as far as the discussion goes.

Q. So when the host location makes a determination, I guess, what -- what role do you have in whether it's too much risk for Chevron to tolerate?

A. My job in this situation would be to better clarify the risk for them. And I believe in our situation -- I don't -- I don't believe that anyone had a conversation with the cardiologist.

I did get the specifics from the cardiologist about what his individualized risk is, again, not based on studies, not based on -- not based on studies that may or not -- may not pertain to him, but what his -- what his treating cardiologist thought the risk was for him. And I used this information to try to make a case for Mr. Snookal with the medical team.

Q. Did you have -- did you ever suggest that

EXHIBIT 12-25

Dr. Asekomeh speak with Dr. Khan?

A. No, I did not. I felt that I had enough information. Usually it's pretty complicated to make those connections work, given the time zones.

Q. Okay. So did you suggest that anyone from the host team speak with Dr. Khan?

A. I did not -- I did not have that conversation. Correct.

Q. Okay.

A. I did pass on the information word for word from Dr. Khan to the medical team, though.

Q. Did you speak with Dr. Asekomeh about Mr. Snookal's case?

A. I believe I forwarded him -- the information to Asekomeh and Arenyeka, his boss. And Arenyeka responded with the risk is -- the risk in this location is still too high and, if possible, we'd be very happy to take him in Lagos where we have medical resources. And I'm paraphrasing.

Q. Other than the e-mail exchange that you just described, did you speak with Dr. Asekomeh about Mr. Snookal in real time, like, over the phone or video --

A. I don't recall. I don't recall that.

(Reporter admonishment.)

EXHIBIT 12-26

BY MS. FLECHSIG:

Q. You don't recall speaking with him directly.

A. Correct. I don't recall speaking with him.

Q. Okay. Did you speak with Dr. Arenyeka about Mr. Snookal directly, other than the e-mail that you described?

A. Not about -- not about this case. I -- sorry, I don't recall speaking to him about this case.

Q. Okay. Did you speak with any other doctors in Nigeria about Mr. Snookal's case?

A. I have not.

Q. Okay. And that includes over e-mail. You didn't have any e-mail communications with anyone other than what you described with Dr. Asekomeh and Dr. Arenyeka.

A. Not to my knowledge, no.

Q. Okay. Okay. Other than the e-mail you described -- I know you paraphrased with Dr. Asekomeh and Arenyeka, did you have any other written exchanges with them about Mr. Snookal?

A. No, I don't believe so. It was a simple, this is the information from his provider, the risk doesn't appear high, it appears of low to moderate -- I believe I said risk doesn't appear high, and their response was simply the risk is still too high for us.

EXHIBIT 12-27

approach his cardiologist to talk about why he does -- why -- whether that pertains to him or not. So I would say that 4 or 5 is only my initial start at an appeal to try to acquire more information.

Q. Okay. I'm going to show you another document. I'll mark it as Exhibit C.

(Exhibit C marked for identification.)

BY MS. FLECHSIG:

Q. It's been produced as SNOOKAL-01091. And I think for this one, it's just a one-pager, so I'll screen share. And if you're having issues reading it, please let me know.

A. Yeah, if you could zoom in, please. Okay.

Q. So it looks like it's an August 23rd, 2019, e-mail from Dr. Steven Khan to you, scottlevy@chevron.com with a CC to Mark Snookal?

A. Correct. Yes. I know this e-mail.

Q. Okay. I'll give you a second to look at it.

Okay. So in this e-mail, Dr. Khan cites a 2002 study. Is that the study that you are referring to in terms of how you came up with the 4 to 5 percent figure?

A. Yes. Actually, can you zoom in a little bit more, please?

Q. Yes. Of course. So I'm referring to this --

A. Yes, yes.
Q. That's the study that you were referring to?
A. Correct. Yes.
Q. Okay. Okay. So in this e-mail, Dr. Khan also notes that the studies of risk of rupture are fairly old, 2002, and treatment has improved, as has our understanding of aortic aneurysms.
A. Yes.
Q. So did you compare this 2002 study to more recent research?
A. I did not. I took the word of the expert and his treating provider who knows him better than I can. And I accepted his number as a little bit lower. He says the risk of complications related to thoracic aneurysm is low and likely less than 2 percent, but he -- he says that it's 2 percent, and then the mouse studies are likely -- likely show that he's better than 2 percent.
So that's what I took: 2 percent or lower was his risk. I didn't take zero was the risk. I took 2 percent or lower.
Q. Okay. So basically that was your final thought on the percentage of the risk that you then conveyed to the host team?
A. I conveyed this exact message. I forwarded

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way or another with certainty. And so I apologize.

Q. Okay. Slightly different question.

Are you aware of anyone who died in Escravos before being medically evacuated?

A. I'm aware of people in Nigeria who have died -- working for us in Nigeria that have died without -- without warning. So sudden onset, found slumped over, found dead, found not waking up in the morning. So we've had cases like that. The -- yeah.

Q. Do you know where in Nigeria those deaths occurred?

A. So I believe they happened all over Nigeria and all of our operations. But Escravos is a very small location, and I want to be very careful about telling you anything that's not correct here.

Q. Are you aware of anyone who's ever been injured because of a medical evacuation, whether that's the person being evacuated or a personnel who's carrying out the evacuation?

A. No, I'm not aware of anyone that was injured as a result of a medical evacuation in Nigeria at all. So the -- in general, the -- we consider Escravos to be one of the most remote locations in our company, and the medical evaluation to -- for someone to get to Escravos is -- is -- let's just say it has a higher criteria of

EXHIBIT 12-30

Q. Okay.

A. And then the -- obviously, the condition itself will warrant different types of planes based on -- based on the capabilities, whether it needs to be ICU capable, whether it can handle heart attacks, whether it's just a simple transport. All of these things come into play. And then also visas of the -- visas or passports of the individual. Obviously, if we're going to move an individual somewhere, can they get into the host country that we're about to send them to. And the same for the medical team. Can the medical team get into the host country. So there are a lot of factors to play -- that come into play.

Q. Okay. I do want to ask -- I want to ask a question specific to Mr. Snookal.

So was there anything about the actual job that Mr. Snookal would have been performing in Escravos that would increase the risk of an adverse outcome to him?

MR. MUSSIG: Calls for speculation.

THE WITNESS: So I believe that Mr. Snookal was -- his proposed job in Nigeria was an office-based job with just mild to light lifting activities. I don't think it's significant -- I don't think it's of -- sorry, let me start over.

I don't think that his condition would have

EXHIBIT 12-31

been an issue for his proposed role, had it not been for the location.

BY MS. FLECHSIG:

Q. Okay. And in terms of the specific scenarios you were concerned about, it -- again, it was the aortic dissection or an aortic aneurysm; correct?

MR. MUSSIG: Asked and answered.

THE WITNESS: Yes.

BY MS. FLECHSIG:

Q. Were you concerned at all that Mr. Snookal would pose a threat to other people's safety?

MR. MUSSIG: Calls for speculation. Lacks foundation.

THE WITNESS: Potentially. And I would say it all -- again, it's so -- these are so complicated. So if -- I'll give you an example. If he were to have an event while he was on location, he would have tied up the medical team for potentially days trying to sort out his issue, if he survived that long during the evacuation. If he were doing something that were deemed safety sensitive -- and I'm not sure he had responsibilities that were -- if he were climbing up a ladder or climbing upstairs and fell over -- potentially a lot of things could have happened, and so it's -- it's not so easy to say.

EXHIBIT 12-32

It all depends on specifically what he was doing on location. And again, I didn't have an issue with the job at all. I don't think any of us had an issue with the specific type of work he was doing. We didn't have an issue -- even when he was declined or turned down for this assignment, still working at the refinery in Richmond, California, was still -- wasn't something that we even considered stopping him from doing because of the risk.

It was simply because of that -- that -- if there -- if that -- if that sort of 2 percent occurred while -- while he was on location, it was something that the team could not manage.

BY MS. FLECHSIG:

Q. Okay. Did you document any concerns that you had about any risk to other people that you thought Mr. Snookal could have?

A. I did not.

Q. Okay. Was it something that you were concerned with at the time in assessing the risk that the host location would tolerate?

A. So I don't think it -- so I don't think it ended up to be relevant in this situation. So -- and the reason being was there was no -- even the risk of 2 percent to himself was enough for them to say -- was

EXHIBIT 12-33

enough for them to say no. So I would say it wasn't even -- the risk to others wasn't even -- let's just say they didn't even have time to come up and -- or, no, it wasn't discussed. Not -- it wasn't discussed for me.

I don't know the discussions that they had inside of the Nigeria Mid Africa business unit, but it wasn't a discussion that I had with the medical teams.

Q. Okay.

A. Or Dr. Khan.

Q. I want to ask -- I'm going to show you another document. I'm up to Exhibit D now.

(Exhibit D marked for identification.)

BY MS. FLECHSIG:

Q. This is -- this has been produced as SNOOKAL-01088 through 01089.

Again, please go ahead and take a look at this. It looks like it's an e-mail from you to Mr. Snookal on September 16th, 2019.

I'm going to see if I can --

A. Can you zoom in, please?

Q. Yeah. Is that -- is that better?

A. Better, yes.

Q. Do you recall writing this e-mail to Mr. Snookal?

EXHIBIT 12-34

A. Can you scroll up to the top of it? Let me just --

Q. Yes.

A. I do. I do.

Q. Absolutely.

A. I know this message, yes.

Q. Okay. So in this e-mail, you send a list of locations where it sounds like you would be okay with Mr. Snookal working as an expatriate on assignment by Chevron; right?

A. So, yes, that's -- so that's what I did say. I said those are the locations that will -- would probably be perfectly fine. And then for the other locations, it's one where we'd specifically need to talk with the local -- I -- it would take additional work to -- to clarify.

Q. Okay. And when you created the list of ones that you did not foresee issues with, how did you come up with those locations?

A. Oh, so we have -- well, those are higher-quality medical infrastructures. And so -- so between the -- where the work locations are and the medical resources around them are a better fit for -- for dealing with an emergency and things like that.

So the -- and I believe we ranked the locations

EXHIBIT 12-35

A. Correct.

MR. MUSSIG: Calls for speculation.

BY MS. FLECHSIG:

Q. In terms of the -- in terms of procedurally, that's how this works; right?

A. Yeah. From what I see here, it looks like he did a physical exam and took the history and then wrote notes, even restrictions, correct. So I would assume -- from reading this, I would assume that this was a -- he did an actual exam on him.

Q. Okay. So ultimately, on the fifth page of this document, SNOOKAL-00609, Dr. Sobel checks, "Fit for duty with restrictions."

You see what I'm referring to; right?

A. Yes.

Q. And the restrictions are, "No heavy lifting greater than 50 pounds, needs review of recommend letter from cardiologist to clear him." Right?

A. Uh-huh, correct.

Q. Okay. So did you review the letter that Mr. Snookal's cardiologist provided?

A. I need to see it again to remember. Sorry.

Q. So -- no problem. I -- I was going to segue us there anyway. So I'll mark as Exhibit E --

MS. FLECHSIG: Is that right?

EXHIBIT 12-36

THE REPORTER: F.

MS. FLECHSIG: Okay. Thank you. Exhibit F, SNOOKAL-01090.

(Exhibit F marked for identification.)

BY MS. FLECHSIG:

Q. This is a letter dated July 29th, 2019, and it's signed by S. Khan, M.D.; correct?

A. Yes, I've seen this before.

Q. Okay. Is that the cardiology clearance letter?

A. It is. It would be, yes.

Q. Okay. So with Mr. Snookal's cardiologist saying that "Mr. Snookal's under my care for his heart condition. It is safe for him to work in Nigeria with his heart condition. His condition is under good control and no special treatments are needed"; ultimately, someone still made the determination that Mr. Snookal was not fit for duty; correct?

A. Correct.

Q. And is it because despite Mr. Snookal's ability to complete the job, Chevron felt it was too great of a risk in the event he had to be evacuated?

MR. MUSSIG: Calls for speculation. Lacks foundation.

THE WITNESS: So the issue is -- I'll tell you

definite risk, not a theoretical risk. And then the ability to manage that risk is -- was -- was the basis of their decision. There was -- I would say there's nothing theoretical about that 2 percent.

BY MS. FLECHSIG:

Q. For example, would a pregnant woman be allowed to go to Escravos, Nigeria?

MR. MUSSIG: Calls for speculation. Lacks foundation. Incomplete hypothetical. Vague as to "go to."

THE WITNESS: Yeah, so I would say -- yeah, it's complicated. And what we need to know is how -- what term she was in, whether the expectation would be that we'd allow a delivery on the ground in Escravos for this individual. There are a lot of factors in there.

I would say certain women who are pregnant with high risk, so high-risk babies, IVF, previous complications, known complication of the current pregnancy, those things would be disqualifiers for sure.

BY MS. FLECHSIG:

Q. In terms of health conditions that are not actively impacting someone's ability to do the job, what makes it too high risk for Chevron?

MR. MUSSIG: Calls for speculation. Lacks foundation. Asked and answered.

EXHIBIT 12-38

THE WITNESS: It's not the job. It's the location. So Chevron has a duty of care for their employees. And we need to ensure that the quality of care delivered to our employees who we move around the world are consistent or compatible with what they would have received in their home country.

So I would say it's the duty-of-care question and -- and the assignment. It's the location, not the -- not the job here.

BY MS. FLECHSIG:

Q. To confirm, the location of Escravos, Nigeria, would not impact Mark's aortic aneurysm; correct?

In other words, being in Escravos, Nigeria, would not affect the risk of an adverse event for Mr. Snookal; correct?

A. Not based on --

MR. MUSSIG: Calls for speculation.

THE WITNESS: Not based on his written job desc- -- requirements. However, I would look at the aneurysm as -- with -- with the risk, it's 2 percent and likely to grow -- I'll just say it's 2 percent, and I would consider it more like a ticking -- ticking clock. And it's just -- or a ticking time bomb, and it's just a matter of time until it stops ticking.

And so -- so that's what the -- so the -- his

EXHIBIT 12-39

risk is when -- when he does have an issue with that heart -- and, again, we hope it never happens. It's -- it would be a disaster if it happened in Escravos.

BY MS. FLECHSIG:

Q. Right.

A. Because we can't provide that duty of care to him. We wouldn't have been able to get him to a high-quality tertiary care medical center that could sort this issue.

Q. Right. But what I'm asking is in terms of the likelihood of having an adverse event, it doesn't matter whether Mr. Snookal is in Los Angeles; Texas; Escravos, Nigeria; the risk of the adverse event happening remains the same; correct?

A. Correct. But the outcome would be different based on those locations. The outcome would be different based on his -- the time to get to a high-quality medical center. The -- the -- even across medical centers -- all across the U.S., those that have -- that see more cases per year have better outcomes than those that see less cases per year.

So -- so we're talking about, yes, the problem would happen, and then if he lived in certain locations, he would do better if that problem happened than if he lived in others.

EXHIBIT 12-40

CERTIFICATE OF STENOGRAPHIC REPORTER

I, RACHEL N. BARKUME, a Certified Shorthand Reporter of the State of California, hereby certify that the witness in the foregoing deposition,

SCOTT LEVY, M.D.,

was by me duly sworn to tell the truth, the whole truth, and nothing but the truth in the within-entitled cause; that said deposition was taken at the time and place therein named; that the testimony of said witness was stenographically reported by me, a disinterested person, and was thereafter transcribed into typewriting.

Pursuant to Federal Rule 30(e), transcript review was requested.

I further certify that I am not of counsel or attorney for either or any of the parties to said deposition, nor in any way interested in the outcome of the cause named in said caption.

DATED: September 12, 2024.

Rachel N. Barkume

Rachel N. Barkume, CSR No. 13657, RMR, CRR

EXHIBIT 12-41